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| SERIAL NUMBER<br>10/765,202 | FILING DATE<br>01/28/2004<br><br>RULE | CLASS<br>375 | GROUP ART UNIT<br>2634 | ATTORNEY<br>DOCKET NO.<br>58010-00602 |
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/443,655 01/30/2003  
*CP*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*PLA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/08/2004

|   |   |                           |                         |                       |                            |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>MA | SHEETS<br>DRAWING<br>19 | TOTAL<br>CLAIMS<br>88 | INDEPENDENT<br>CLAIMS<br>9 |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|

Verified and Acknowledged \_\_\_\_\_  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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 25243  
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TITLE  
 Sub-symbol parallel interference cancellation

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|----------------------------|---|--|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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